Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. George Logan for Congress 26 Catoonah Street ADDRESS (number and street) (Check if address Box 72 is changed) Ridgefield 06877 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Lauraschwartz99@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) georgeloganforcongress.com (Check if address is changed) DATE 31 2022 C00784926 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Schwartz, Laura, A,, Type or Print Name of Treasurer Schwartz, Laura, A,, [Electronically Filed] 10 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the can information below.)	didate
	Name of Candidate Logan, George, S, ,	
	Party Affiliation REP Sought: * House Senate President	State CT istrict 05
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Irite or Type Committee Name		
	George Logan		
.	Name of Any Connected O JERRY CARL CAND	rganization, Affiliated Committee, Joint Fundraising Representative, or I NDATE FUND	_eadership PAC Sponsor
	Mailing Address	PO BOX 852138	
		MOBILE AL	36685
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in p	possession of committee
	Schwartz, I	aura A	
	Full Name		
	Mailing Address	55 Overlook Drive	
		I	
		Ridgefield CT	06877
		Nagerica	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	Full Name Schwartz, I	.aura, A, ,	
	of Treasurer		
	Mailing Address	55 Overlook Drive	
		Ridgefield CT	06877
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	5130

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Helmes, Miramne, , ,		
Mailing Address	20 Lockwood Rd		
	South Salem	NY	10590
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone ı	number	
	Depositories: List all banks or other depositories in which the common xes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, D	Depository, etc.		
	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA L	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.		
	Evolve Bank & Trust		
Mailing Address	301 Shoppingway Boulevard		
	West Memphis	AZ	72301
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	LOGAN VICTORY	/ FUND		
	Mailing Address	26 CATOONAH STREET		
		BOX 72		1
		RIDGEFIELD	CT	06877
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	E 11 No			
	Full Name			
	Mailing Address			
	Mailing Address	CITY A	STATE A	ZIP CODE A
		•		
	Mailing Address	•	STATE A	
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE STATE lephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, M&T B	ries: List all banks or other depositories in which thintains funds.	STATE STATE lephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or maintain the safety deposit boxes or	ries: List all banks or other depositories in which thintains funds.	STATE STATE lephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which thintains funds.	STATE STATE lephone Number	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	ries: List all banks or other depositories in which thintains funds.	STATE STATE lephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h)

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(h). Joint Fundraisii	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
•	Organization, Affiliated Committee, Joint Fu	• .	e, or Leadership PAC Spons
	_		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE A Telephone Number	ZIP COD
TITLE OR POSITION ks or Other Deposite ty deposit boxes or m ne of Bank,	ories: List all banks or other depositories in wh	Telephone Number	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, depository, etc.	ories: List all banks or other depositories in wh	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g i ai iioipaiiii		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
<u> </u>			
	PO BOX 183		
Mailing Address			
	HUDSON	WI	54016
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	y by name, address (phone number – optional)		
esignated Agent: Identify Full Name	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A